PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10058212

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY			YTITY	OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			6					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		• /		$I \mid I$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		* 3		l I	X42=		OR	X84=	252
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				J Ì	+140=		OR	+280=	,
* If the difference in column 1 is less than zero					r "0" in c	column 2	ı	TOTAL		OR	TOTAL	992
						(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	** 0	20	= 0] [X\$ 9=		OR	X\$18=	
	Independent	• 5	Minus	***	0	<u> - 0</u>	4 [X42=		OR	X84=	
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM	Щ	J	+140=		OR	+280=	
							L	TÓTAL DDIT. FEE		00	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3		DD11. F26 (AUDI1. 1-221	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-	4 [X42=		OR	X84=	•
	FIRST PRESE	NTATION OF M	JUIPLE DE	ENDEN	CLAIM		┙┞	+140=		OR	+280=	
			•				_	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3		DUII. FEE			ADDII. FEE	_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	árkk		3.]	X42=			X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM	- 1:0] -	7.42-		OR	7042	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"									OR	TOTAL ADDIT. FEE	
		nber Previously Pai						nd in the app	ropriate box	in cot	umn 1.	

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